## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000071483

FILED Feb 16, 2011 Secretary of State

Entity Name: MARK GREGORY FLORIO, DOCTOR OF PODIATRIC MEDICINE, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business: New Principal Place of Business:** 

309 E. HALLANDALE BCH BLVD. 6991 WEST BROWARD BLVD HALLANDALE, FL 33009

SUITE 105

PLANTATION, FL 33317

**Current Mailing Address: New Mailing Address:** 

6991 WEST BROWARD BLVD 309 E. HALLANDALE BCH BLVD. HALLANDALE, FL 33009

SUITE 105

PLANTATION, FL 33317

FEI Number: 65-0940080 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORIO, MARK G FLORIO, MARK G 6991 WÉST BROWARD BLVD 309 E. HALLANDALE BCH BLVD. HALLANDALE, FL 33009 SUITE 105

PLANTATION, FL 33317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK GREGORY FLORIO DPM 02/16/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

FLORIO, MARK G Name:

6991 WEST BROWARD BLVD SUITE 105 Address:

City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK GREGORY FLORIO DPM **PRES** 02/16/2011